| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004  |                |                                  |               |                        |                       |                  |            |                  | Application or Docket Number |                            |                     |                        |
|---|----------------|----------------------------------|---------------|------------------------|-----------------------|------------------|------------|------------------|------------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                |                                  |               |                        |                       | (Column 2)       | SM2<br>TYF | ALL ENT          | TITY                         | OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S. NATIONAL STAGE FEES  |                |                                  |               |                        |                       |                  |            | RATE FEE         |                              |                            | RATE                | FEE                    |
| BASIC FEE   |                |                                  |               |                        |                       |                  |            | IC FEE           |                              | OR                         | BASIC FEE           | 300                    |
| EXA   | MINATION FEE   | E                                |               |                        |                       |                  |            | M. FEE           |                              |                            | EXAM. FEE           | 200                    |
| SEA   | RCH FEE        |                                  |               |                        |                       |                  | SEA        | RCH FEE          |                              | 1                          | SEARCH FEE          | 400                    |
| FEE   | FOR EXTRA S    | PEC. PGS.                        | min           | minus 100 =            |                       | / 50 =           |            | \$ 125 =         |                              |                            | X \$ 250 =          |                        |
| тот   | AL CHARGEAB    | 3LE CLAIMS                       | <b>3</b> 5 mi | inus 20 =              | *                     | * 15             |            | X \$ 25 =        |                              | OR                         | X \$ 50 =           | 750                    |
| INDF  | EPENDENT CLA   | AIMS                             | 3 "           | 3 minus 3 = *          |                       |                  | ×:         | \$ 100 =         |                              | OR                         | X \$ 200 =          | /                      |
| MUL   | TIPLE DEPENI   | DENT CLAIM PRE                   | ESENT         | ESENT                  |                       |                  | + 5        | \$ 180 =         |                              | OR                         | + \$ 360 =          |                        |
| * If  | the difference | in column 1 is l                 | less than zer | o, enter "(            | J" in cc              | olumn 2          | ·          | TOTAL            |                              | OR                         | TOTAL               | 1650                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |                |                                  |               |                        |                       |                  | s          | MALL E           | <del></del>                  | OR                         | OTHER I             |                        |
| ENT A   |                | REMAINING<br>AFTER<br>AMENDMENT  |               |                        | MBER<br>OUSLY         | PRESENT<br>EXTRA | - F        | RATE             | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total          | *                                | Minus         | **                     |                       | =                | X          | \$ 25 =          |                              | OR                         | X \$ 50 =           |                        |
| AME   | Independent    | *                                | Minus         | ***                    |                       | =                | X \$       | \$ 100 =         |                              | OR                         | X \$ 200 =          |                        |
|   | FIRST PRES     | SENTATION OF M                   | IULTIPLE DEP  | ENDENT                 | CLAIM                 |                  | + \$       | 180 =            |                              | OR                         | + \$ 360 =          |                        |
|   |                |                                  |               |                        |                       | ,                |            | AL ADDIT.<br>FFF |                              | OR                         | TOTAL ADDIT.<br>FFF |                        |
| ĺ   |                | (Column 1)                       |               | (Colur                 | mn 2)                 | (Column 3)       |            |                  |                              |                            |                     | <u></u>                |
| NT B  | ·              | CLAIMS REMAINING AFTER AMENDMENT |               | HIGH<br>NUMI<br>PREVIO | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA | F          | RATE             | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total          | *                                | Minus         | **                     |                       | =                | X S        | \$ 25 =          |                              | OR                         | X \$ 50 =           |                        |
| AMEN  | Independent    | *                                | Minus         | ***                    |                       | =                | × \$       | 100 =            |                              | OR                         | X \$ 200 =          |                        |
|   | FIRST PRES     | ENTATION OF M                    | IULTIPLE DEP  | 'ENDENT (              | CLAIM                 |                  | +\$        | 180 =            |                              | OR                         | + \$ 360 =          |                        |
| TOTAL ADDIT.  |                |                                  |               |                        |                       |                  |            |                  |                              | OR                         | TOTAL ADDIT         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |                                  |               |                        |                       |                  |            |                  |                              |                            |                     |                        |